

# FILE COPY

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ellis Reinherz, Linda Clayton, Timothy D. Ocain and Raymond J. Patch

Application No.: 08/948,124 Group: 1642

Filed: October 9, 1997 Examiner: Bansal, G.

For: METHODS OF IDENTIFYING AGENTS WHICH ENHANCE CASPASE ACTIVITY (As Amended)

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

on 12/20/00  
Date

  
Signature

Paula Depelteau  
Typed or printed name of person signing certificate

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment C for filing in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

	(COL. 1)	(COL. 2)	(COL. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	11	MINUS	* 52	0	
INDEP					
	3	MINUS	** 4	0	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					
	RATE		ADDITIONAL FEE		
X	\$ 9	\$			
X	\$40	\$			
+	\$135	\$			
OR					
	RATE		ADDITIONAL FEE		
X	\$18	\$			
X	\$80	\$			
+	\$270	\$			

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [        ] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ <u>      0      </u>

A check is enclosed in payment of the following fees:

[X]	Petition for a three month Extension of Time	\$ <u>      445      </u>
<input type="checkbox"/>	Amendment Fee	\$ _____
[X]	Other Fees:	\$ _____
	Third Supplemental Information Disclosure Statement	\$ <u>      180      </u>
		\$ _____
		\$ _____
		TOTAL: \$ <u>      625      </u>

A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie  
Lisa M. Treannie  
Registration No.: 41,368  
Telephone: (781) 861-6240  
Facsimile: (781) 861-9540

Lexington, Massachusetts 02421-4799

Dated: 12/20/00